



M O U N T A U B U R N H O S P I T A L

October 15, 2002

Anthony P. Scapicchio, M.D.
770 Boylston Street 9B
Boston, MA 02199

Dear Dr. Scapicchio:

You recently filed a claim with respect to your benefit under the Mount Auburn Hospital RetirementPLUS 403(b) Plan. In particular, in a letter dated August 12, 2002, you asked why contributions were not made for the period during which you received long term disability payments.

According to Section 2.3 of the Plan, the Hospital calculates its contributions as a percentage of the employee's "pay." Section 2.3 of the Plan defines "pay" as compensation paid by the Hospital for the performance of services, excluding fringe benefits and items that do not constitute direct compensation. Long term disability payments do not fall within this compensation definition because they are paid by Liberty Mutual Insurance Company, not the Hospital. Furthermore, these payments are insurance payments on account of disability, not compensation from the Hospital for services performed. Since an employee who is on disability leave has no "compensation" within the meaning of the 403(b) Plan, no contributions are made. Therefore, your claim for benefits must be denied.

Please note that, under ERISA, you (or your authorized representative) may request a review of this decision. Any such request would need to be submitted to the Plan Administrator within 60 days following your receipt of this letter. In connection with such a review, if you request it, you will be provided, free of charge, reasonable access to and copies of all documents, records and other information relevant to your claim for benefits. In addition, you are entitled to provide the Plan Administrator with any written comments, documents, records or other information relating to your claim. When reviewing your claim, the Plan Administrator will take into account any information you submit.

If you request a review of this decision, the Plan Administrator will make a determination on your claim within 60 days of your request. If the Plan Administrator determines that special circumstances exist that would require an extension of time for considering your claim, you will be provided with written notification of the reason for the extension, and the date by which the Plan Administrator will have completed its review. The Plan Administrator is required to provide notice to you of any such extension prior to the end of the initial 60 day determination



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period. In no event will such an extension exceed an additional 60 days beyond the original 60 day determination period (120 days altogether).

If, after reviewing your claim for benefits, the Plan Administrator again determines that your claim should be denied, you have the right to bring a civil action against the Plan under section 502(a) of ERISA.

Please do not hesitate to call me with any questions you may have.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas Fabiano".

Thomas Fabiano
Director, Human Resources

CC: Sharon Remmer